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ABSTRACT

P.L. 94-142 is the most significant federal legislation ever passed in regard to exceptional children. It mandates a free and appropriate education, including related services such as counseling (as needed), for every exceptional child up to age 21. The counselor's role may include direct work with children referred for behavioral social adaptive problems, as well as indirect work such as contributing to the discussions of the School Assessment Team or writing the Individual Educational Plan (IEP). Counselors will need to take a proactive stance in regard to P.L. 94-142 if they are to insure that their unique contributions to exceptional children will be utilized. (Author)

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PUPIL PERSONNEL SERVICES AND PL 94-142

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The Education for All Handicapped Children Act of 1975 (PL 94-142) has implications for all persons involved in education throughout the country. In particular, the emphasis of this Act most directly affects teachers and children in special education. However, certain aspects also have direct bearing on the activities of Pupil Personnel Service (PPS) workers in the areas of adjustment, screening, counseling, and evaluation.

The Act mandates: 1) all handicapped children (from ages 3 yrs. - 21 yrs. as of 1980) be guaranteed free and appropriate public education; 2) the rights of handicapped children and their parents be protected in educational decision making; 3) clear management processes at all levels of government for the handicapped; 4) financial assistance for the education of the handicapped.

Handicapped children under PL 94-142 are defined as the mentally retarded, multiple handicapped, deaf-blind, other health impaired, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or children with specific learning disabilities who need "special services" and/or "other related services."

"Special education" for these children is defined as "specially designed instruction" to meet the unique needs of the handicapped child. PPS workers are included in "related services" and are involved in providing psychological services, counseling, and early identification and assessment of "handicapping conditions" of these children. As one may surmise, many of the components of the Act specifically address psychological and social aspects which have traditionally been served by PPS workers-counselors and school psychologists.

THE ROLE OF PPS

Teachers and parents will need to be sensitized to the needs of handicapped students. In many cases, teachers will have to modify their classroom procedures to better assist these youngsters. More often than not, teachers, parents, and regular students will also need sensitization in perceiving and dealing with new relationships and in adjusting to the special educational needs of the exceptional student in the regular classroom.

The accommodation and individualization of this program in the classroom will require adjustments and new procedures on the part of teachers, support personnel (counselors and school psychologists), students, and parents.

PL 94-142 stipulates a number of program requirements for its implementation. Among them are:

- assurance of extensive child identification procedures.
- assurance of "full service" goals and timetables.
- guarantee of due process procedures.
- assurance of parent consultation.
- programs of in-service training.
- assurance of "least restrictive" environment.
- assurance of non-discriminatory testing and evaluation.
- maintenance of an "individualized educational plan" (IEP).

As one will note, the assurances will require extensive, systematic procedures. Many school districts have already completed numerous forms to expedite and monitor these procedures. The PPS worker involved in the implementation of PL 94-142 must be cognizant of the limitations of psychological and/or adjustment categorical terminology used on standardized forms. In some cases, the forms were assembled

without consulting PPS workers and adjustment or psychological terminology is employed without specificity or appropriateness.

The PPS workers' role in this process should begin at the outset of the development of a PL 94-142 program. Areas which would typify the PPS activity would include:

1. The stating of clear psychological and social behaviors.
2. In-service with teachers regarding the psychological adjustment terms and needs of handicapped youngsters.
3. Orientation and adjustment meetings of all parties concerned with handicapped children and their parents.
4. Screening and assessment.
5. Personal, social, career vocational counseling services.
6. Psychological and social treatment of behavior problems.
7. Curricular and extracurricular development.

Specifically, PL 94-142 describes the role of PPS workers as:

Paragraph 121a.13 Related Services.

(a) As used in this part, the term "related services" means parent counseling and training.

(v) Counseling and guidance of pupils, parents, and teachers regarding hearing loss; and

(2) "Counseling services" means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(3) "Early identification" means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

(6) "Parent counseling and training" means assisting parents in understanding the special needs of their child and providing

parents with information about child development.

(8) "Psychological services" include:

(i) Administering psychological and educational tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

(iv) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and

(v) Planning and managing a program of psychological services, including psychological counseling for children and parents.

(11) (ii) Group and individual counseling with the child and family;

(iii) Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and

(iv) Mobilizing school and community resources to enable the child to receive maximum benefit from his or her individual educational program.

(12) (v) Counseling and guidance of parents, children, and teachers regarding speech and language disorders.

Broadly stated, the proactive role of the PPS worker in this endeavor lies in the evaluation and intervention of three main areas: social; emotional; and adaptive situations.

EVALUATION

The purpose of an evaluation of an exceptional child is to lead to ideas and data that can be written into an Individualized Educational Plan (IEP) as goals and objectives. There are three data sources which should be considered: interviews with the child; formal and informal testing of the child; and observation of the child in the natural setting (e.g., the classroom or playground) coupled with interviews of the adults who interact with the child in these settings.

When interviewing the child, one of the first goals is simply to "trade" information with the child about his/her present status in regular and/or special education and mainstreaming possibilities. The PPS worker will want to uncover sources of concern to the child such as teacher expectations, possible social and/or personal adjustment problems, and future (vocational) plans. For example, with a 12 year old deaf girl who is being considered for mainstreaming in math and art at the seventh grade level, you might want to interview her to trade information about the following; can she understand speech? To what degree? How well does she speak? What will she need to know about these classes prior to entrance? What should she expect in regard to social area? With what areas does this child feel she may have difficulty? In what ways can you assist in her adjustment?

The second area of evaluation uses tests. The academic, intellectual and "information processing" testing will be done primarily by the school psychologist and since their role in these areas is fairly well spelled out by the various state statutes, it will not be covered in this discussion. However, evaluation instruments in the social-emotional-adaptive areas may

be given by either the psychologist or counselor and are rightfully the responsibiility of PPS workers. Possibilities here include sentence completion tests, self-concept inventories, such as the Piers-Harris (1969) and various other instruments.

Personality or behavior traits can be measured through the use of the following instruments: Burke's Behavior Rating Scale (1968), Devereux Child Behavior Ratin Scales (1966), Pupil Behavior Inventory (Vinter, et al, 1966), Walker Problem Behavior Identification Checklist (1970), and the Adaptive Behavior Scale (1969). Additional instruments in this area, specifically designed for the secondary levels are the California Psychological Inventory (1969), Edwards Personal Preference Inventory (1966), Kuder Occupation Interests Survey (1956), and the Strong Vocational Interest Blank (1971).

The third evaluation source of data involves observations of the child in natural settings, and interviews with the child's teacher and parents.

Here one wants to find out the present social position of the child, his/her responsiveness to the environment, and the degree of independence the child has developed. With the parent, the PPS worker will want to trade information, taking time to understand the parents' concerns, helping them understand their role in easing possible transitions from one class to others, and explaining their role, if appropriate, in implementing IEP goals and objectives.

Writing and Implementing the IEP

The purpose of the IEP is to organize a plan of education and other services (e.g., counseling) based on the unique needs of the child. The IEP must contain a number of components, including the present performance levels, long-term (annual) goals, short-term objectives, methods and materials, and a method of evaluation. The following four examples include only the first three components listed above, and are presented in an outline fashion to highlight the differences between these components.

Example 1.

I.E.P. for difficulty in interpersonal relationships.

A. Present Performance Level: Billy seems unhappy in class. He doesn't talk in class either spontaneously or when called on.

B. Long-term (annual) goal: Billy will demonstrate improved interpersonal relations by initiating comments or responding verbally to questions in group discussions at least once during each discussion.

C. Short-term objectives

1. Billy will respond to questions by the counselor in the one-to-one counseling session.

2. Billy will initiate comments to the counselor in the one-to-one sessions.
3. Billy will repeat these behaviors in a small group in the counselor's office.
4. Billy will repeat these behaviors in the regular classroom as specified in the long-term goal.

Example II

I.E.P. for adjustment problem.

A. Present performance level: Billy is unwilling to play with the other children. He stays by himself against the wall during recess, and rarely speaks to others during discussion period in class.

B. Long-term (annual) goal(s)
   1. Billy will increase the amount of time he interacts in games on the playground.
   2. Billy will increase the amount of talking he does to his peers during discussion times in the classroom.

C. Short-term objectives
   1. Given a request by the counselor, Billy will engage in playground play for increasing periods of time.
   2. Without the visible presence of the counselor or other adult, Billy will play with at least two other children during at least 50% of the playground period.
   3. When called on by the teacher, Billy will respond orally in a group discussion session.
   4. Without prompting from adults, Billy will engage in oral discussions to a level equal to that of the average child.

Example III

I.E.P. for reluctance to participate in mainstreaming

A. Present performance level: Sally, a tenth grade deaf girl, will not go to the regular P.E. and art classes to which she has been assigned. She says she is "too embarrassed."

B. Long-term (annual) goal

1. Sally will go to the art and P.E. classes and participate in them without being prompted to do so by an adult.

C. Short-term objectives.

1. When asked to do so by the counselor, Sally will participate in guided imagery and systematic desensitization exercises designed to lower her anxiety about going into the regular classes. She will report less anxiety after one month of these exercises than she reported at their onset.
2. In the presence of the counselor, Sally will tour the art class and gym area when no other students are present.
3. Sally will attend the art and gym classes, but will not be required to participate.
4. Sally will voluntarily enter activities in art and dress out for and participate in activities in P.E.

Example IV.

I.E.P. for "self-concept" problem.

A. Present performance level: Joe is continually tearing up his work, makes self-denigrating comments and insults other children. He seems hesitant to try new or different activities, saying they are "dumb." He seems afraid of failure.

B. Long-term (annual goal:

1. Joe will show an improvement in his self-concept which will be

reflected in a reduction in the behaviors described above. He will also show a more positive attitude toward himself.

C. Short-term objectives:

1. Joe will discuss the problems listed in Section (A) above with the counselor.
2. Following a contract which will specify a reward contingency based on a reduction of torn-up papers, self-denigrating comments and insults to other children, Joe will show a zero frequency of these behaviors.
3. Joe's responses to the Self-appraisal Inventory will show a 50% improvement rate in the direction of a more positive self-regard.

In thinking about contributing to the IEP, it is of paramount necessity that the PPS worker directly write the IEP's in order to be considered a real contributor to the child. In order to do that, one must impress upon the members of the team who write these plans (administrators, teachers, specialists, and parents) that you have a valuable contribution to make. Discussion with these persons will go a long way toward ensuring that intent. It would also be a good idea to spell out the PPS workers possible roles in this area, perhaps through the use of the following outlined sample "memo."

MEMO

To: Administrators, Teaching Staff, and S.A.T. members

From: Tom Kampwirth and Vince Noble, counselors

Re: Our role in PL94-142

As you know, PL94-142 specifies that ancillary support services (such as counseling and school psychology services) are to be used when appropriate in the development of an exceptional child's I.E.P. The school psychologists'

role seems fairly well defined, but we believe it would be helpful if we spelled out some of the ways counselors can be of use in the development and implementation of an I.E.P. The following are possibilities:

1. If the child displays signs of a poor adjustment, such as a poor self-concept, depression, tending to argue or fight, stealing, or other behaviors of a negative social-emotional-adaptive type such as these, we could contribute by developing goals to help the child with these problems. We can help through direct counseling of the child, or indirectly through suggestions to you and to the child's parents.
2. We would be glad to observe and discuss exceptional children with you.
3. We could sit in on parent conferences with you.
4. We could visit your class and put on a workshop on some areas of mental health or adjustment.
5. We would especially like to assist the regular class teachers by talking with your students about the mainstreaming program.

Finally, the PPS workers credability as a valuable asset in this area will depend on how well he or she fulfills the IEP committment. This leads to the area of intervention, direct and indirect.

INTERVENTION

Data provided from the evaluation of the handicapped child will determine, to a large degree, the intervention. However, several considerations should be kept in mind before selecting the intervention model or intervention target. Skindrud (1977) describes these considerations as:

Selecting Intervention Target

1. Change pupil behavior (competitive model: get pupil to fit classroom)
2. Change regular classroom (accommodative model: get classroom to

fit pupil)

3. Change relationship between teachers (Communicative model: get regular and special education teachers to cooperate).

Selecting In-Service Training Model

1. Try after school, "hit and run" workshops.
2. Try training consultants to work in regular classrooms (counselors, school psychologists, resource teachers, etc.)
3. Try real life. classroom simulations with role playing and corrective feedback.
4. Try competency-based, teacher training with classroom and self observations to certify mastery.

Obviously, a mixed number of these approaches can be employed. In writing up and implementing an I.E.P., the PPS worker should consider the short-term (within the school year) and long-term (school year and beyond) effects upon the student and the environment (classroom, etc.). The most commonly employed intervention and/or training models would probably utilize a mixture of Skindrud's considerations, although the I.E.P. may in itself only describe a particular condition and activity. For example, in working with Billy Smith on the category of School Adjustment, the emphasis of the I.E.P. is to improve Billy's "Relations with Others." In meeting the needs of Billy's social, emotional, and adaptive growth, intervention should address itself to: counseling; services to educational personnel, and services to parents.

COUNSELING

Billy's behavior may include a host of other desirable or undesirable behaviors. (See Behavioral Rating Lists).

As the reader will note from the I.E.P. example on Billy, the goal is to have Billy improve his "relations with others." The objectives, in this case, can be viewed as a three step progression moving from Billy responding and initiating comments with a counselor or school psychologist on a one-to-one basis to responding and initiating comments in small group sessions. The last step would be to have Billy respond and initiate comments with his peers or the teacher in the classroom or in class discussions. Ultimately, Billy would continue this behavior in the future.

Whether the counseling sessions are conducted on a single or group basis, the PPS worker may employ a number of traditional methods. The PPS worker may explore the students' self-concept, values, interpersonal relations with family-friends-significant others, interests, intergroup perceptions, self perceptions and educational-vocational aspirations. The PPS worker may choose to employ assertion training, systematic desensitization, role playing, or other methods to develop social skills in enhancing the students' strengths and improving the weak area.

In group sessions, the PPS worker may later desire to include non-handicapped children in the sessions to not only encourage target behavior but share perceptions, problems, and commonalities. The secondary benefit of this activity would be to create an understanding and awareness of another human condition which everyone might sooner or later possess.

SERVICES TO PARENTS

During this period of intervention, the PPS worker may also provide counseling to the parents of this child. A review and discussion of the intent of the Act, its' implementation and the present situation would serve to not only provide a vehicle for meeting, but serve as a common basis for future discussions. A note might be made of family interactions,

social and educational perceptions, and values as well as areas of improvement and concern of the parents.

Specific methods of improving Billy's situation might be shared with his parents to help them encourage and continue his improvement at home. Initially, this could be accomplished in parent-counselor meetings. In many situations, parents of handicapped children often feel estranged from other parents of regular school-age children. Group meetings of handicapped and non-handicapped parents could be productive in sharing ideas, approaches with various problems, and developing strength and understanding from mutual concerns. In this respect, parent groups could be useful in assisting students in transportation, extra-curricular activities, vocational exploration, and providing resource materials or information.

SERVICES TO EDUCATIONAL PERSONNEL

The PPS worker can actively assist the handicapped child indirectly by working with the classroom teacher in a number of ways. The teacher should be consulted regarding the child's goals and objectives as it is the teacher who will conduct certain parts of it. The classroom teacher will need specific information and instruction to implement, develop, and encourage the child's social interaction in the classroom. Conferences might be held to discuss the teachers' feelings in this role toward the program and the handicapped through in-service workshops as well as in particular individual consultations.

The PPS worker could be available to provide "In-class" discussions with regular students about the problems and concerns of handicapped persons as well as explore their concerns (it might be asked if they know of anyone with a physical handicap). Finally, the PPS worker may serve as

a liaison in communicating and alleviating interperson concerns between parents-teachers, regular teachers and specialists, and special agencies and the school.

CONCLUSION

The preceding narrative has attempted to articulate some areas of responsibility by PPS workers in the implementation of PL94-142. In some school districts, a number of PPS workers have viewed the implementation of PL94-142 as the sole province of personnel involved in special education. Nothing could be further from the law as one recalls the earlier cited paragraphs describing "related services."

PPS workers could and justifiably should be directly involved in this Act. Areas of social, emotional, and adaptive services, along with a host of other areas, are sorely needed for and with handicapped youngsters and non-participation will lessen the professions' credibility.

At the minimum, the PPS worker should be responsible for evaluation and writing I.E.P.'s in social, emotional, and adaptive areas. In this activity alone, the PPS worker can bring greater knowledge concerning the appropriateness of describing social-emotional-adaptive categories and bring to bear psychological principles in citing I.E.P. goals and objectives. This, in itself, will insure the presence of qualified professional psychological input in the process of assisting handicapped youngsters.

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